

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	YH	7631	
O.I.P.E. CLASSIFIER		59	
FORMALITY REVIEW	CIT	69916	9/14
RESPONSE FORMALITY REVIEW			10/24/00

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## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral) ... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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